	nent of P	Public H	lealth	Drii	nking	Water S	Section			
Water Quality					_					
PWS ID PWS Name	1-1011101	ing an		_				Primary Source		
CT0830014 COYOTE BLUE RESTAURANT					NC	25	Р	GW		
Local Address (where applicable)	Se	ervice	Resident	ial Co	ommercial	Industrial	Combine	d Agricultural		
1960 SAYBROOK ROAD	Co	onnections			1			_		
Towns Served: MIDDLETOWN										
	Monitori	ing Requ	iiremer	nts						
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID:	00600)								
Total Coliform (3100)						1 r	outine (RT)	per quarter		
Sampling Point (Sampling Point ID)			Monitorin	ng Peri	iod Col	lection Perio	od Comp	liance Status		
Select from Inventory of Active Sampling Poir	its		10/1/18 -	12/31,	/18		C	omplete		
			1/1/19 -	3/31/1	19					
			4/1/19 -	6/30/1	19					
			7/1/19 -	9/30/1	19					
Physical Parameters (PPS)						1 r	outine (RT)	per quarter		
Sampling Point (Sampling Point ID)			Monitorin	ng Peri	iod Col	lection Perio	od Comp	Compliance Status		
Select from Inventory of Active Sampling Poir		10/1/18 -	12/31,	/18		C	Complete			
		1/1/19 -	3/31/1	19						
4/1/19 - 6/30/19										
			7/1/19 -	9/30/1	19					
Water System Facility: ENTRY POINT (WSF I	D: 00700)									
Nitrate And Nitrite (NOX)							1 routine (RT) per year		
Sampling Point (Sampling Point ID)						liance Status				
ENTRY POINT (3)										
1/1/19 - 12/31/19							C	omplete		
							С	omplete		
				12/31/	/19		C	omplete		
Water Syste	em Facility		1/1/19 - 1 1/1/20 - 1	12/31/ 12/31/	/19 /20	tory	C	omplete		
Water	oling Point Sa	and Sar	1/1/19 - 1 1/1/20 - 1 npling	12/31/ 12/31/ Poin	/19 /20	al Lead ai orm Coppe	nd er	Stage 5 WQP 2 DBPR		
Water System Water System Facility Sam	oling Point Sa ID De	and Sar	1/1/19 - 1 1/1/20 - 1 mpling	12/31/ 12/31/ Poin	/19 /20 it Inven Tot Colife	al Lead ai orm Coppe le Rule Ti	nd er	Stage		
Water System Water System Facility Samp Facility ID 00600 DISTRIBUTION SYSTEM	oling Point Sa ID De	y and Sar ampling Poil escription	1/1/19 - 1 1/1/20 - 1 mpling <i>nt</i>	12/31/ 12/31/ Poin	/19 /20 It Inven Tot Colife	al Lead ai orm Coppe le Rule Ti	nd er	Stage		
Water System Water System Facility Samp Facility ID 00600 DISTRIBUTION SYSTEM DOV	oling Point Sa ID De 4 DI VNSTREAM W	y and Sar ampling Poil escription	1/1/19 - 1 1/1/20 - 1 mpling nt	12/31/ 12/31/ Poin	/19 /20 at Inven	al Lead ai orm Coppe le Rule Ti	nd er	Stage		
Water System Water System Facility Samp Facility ID 00600 DISTRIBUTION SYSTEM DOV	oling Point Sa ID De 4 DI VNSTREAM W	and Sar ampling Poil escription ISTRIBUTION JITHIN 5 SER	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven	al Lead ai orm Coppe le Rule Ti	nd er	Stage		
Water System Water System Facility Samp Facility ID 00600 DISTRIBUTION SYSTEM DOV	poling Point Sa ID De 4 DI VNSTREAM W PSTREAM W	and Sar ampling Poinescription ISTRIBUTION VITHIN 5 SER	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven	al Lead ai orm Coppe le Rule Ti	nd er	Stage		
Water System Water System Facility Samp Facility ID 00600 DISTRIBUTION SYSTEM DOV UF 00700 ENTRY POINT	aling Point Sa ID De 4 DI VNSTREAM W 2STREAM W 3 EN 2 W	y and Sar ampling Poil escription ISTRIBUTION JITHIN 5 SER JITHIN 5 SER	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven Colife atus Ru A Y A A	al Lead ai orm Coppe le Rule Ti	nd er	Stage		
Water System Water System Facility Samp Facility ID 00600 DISTRIBUTION SYSTEM DOV UF 00700 ENTRY POINT	oling Point Sa ID De 4 DI VNSTREAM W 2 STREAM W 3 EN 2 W	and Sar ampling Poil escription ISTRIBUTION ITHIN 5 SER ITHIN 5 SER NTRY POINT IELL	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven Colife atus Ru A Y A A	al Lead ai orm Coppe le Rule Ti	nd er	Stage s WQP 2 DBPR		
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOV UF 00700 ENTRY POINT 21467 WELL	oling Point Sa ID De 4 DI VNSTREAM W 2 STREAM W 3 EN 2 W	and Sar ampling Poinescription ISTRIBUTION AITHIN 5 SER AITHIN 5 SER NTRY POINT	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven Colife atus Ru A Y A A	al Lead ai orm Coppe le Rule Ti	nd er ier Asbestos	Stage s WQP 2 DBPR		
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOV UF 00700 ENTRY POINT 21467 WELL Name Ms. Jo-Ann Pytlik	poling Point Sa ID De 4 DI WNSTREAM WPSTREAM WPSTREAM WPSTREAM 2 WPSTREAM Orga	and Sar ampling Point escription ISTRIBUTION IITHIN 5 SER INTRY POINT FELL act Inform	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven Colife atus Ru A Y A A	al Lead ai orm Coppe le Rule Ti	nd er ier Asbestos	Stage s WQP 2 DBPR		
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOV UF 00700 ENTRY POINT 21467 WELL Name Ms. Jo-Ann Pytlik	oling Point Sa ID De 4 DI VNSTREAM W 2 STREAM W 3 EN 2 W	and Sar ampling Point escription ISTRIBUTION IITHIN 5 SER INTRY POINT FELL act Inform	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven Colificatus Ru A Y A A A	al Lead ar orm Coppe le Rule Ti	nd er ier Asbestos Job Title	Stage s WQP 2 DBPR		
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOV UF 00700 ENTRY POINT 21467 WELL Name Ms. Jo-Ann Pytlik Mailing Address Line One Mai	poling Point Sa ID De 4 DI WNSTREAM WPSTREAM WPSTREAM WPSTREAM 2 WPSTREAM Orga	and Sar ampling Point escription ISTRIBUTION IITHIN 5 SER INTRY POINT FELL Initiation Interval	1/1/19 - 1 1/1/20 - 1 mpling nt N SYSTEM RVICE CON	12/31/ 12/31/ Poin	/19 /20 It Inven Colife atus Ru A Y A A	al Lead ai orm Coppe le Rule Ti	nd er Asbestos Job Title	Stage S WQP 2 DBPR		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Contact Role(s): Legal Contact, Owner

C	onnecticu	it Depa	irtment o	of Public	Health	ı Drir	ıking	g Water	Section		
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Prin	nary Source
CT0830014 C	0830014 COYOTE BLUE RESTAURANT				N	С	25	Р		GW	
Local Address (wh	ere applicable)		Service Reside			ntial Co	mmerci	al Industri	al Combine	ed /	Agricultural
1960 SAYBROOK R	OAD			Connections 1			1				
Towns Served: MI	DDLETOWN							,			
Name			(Organization					Job Titl	e	
Mr. Drew Engelha	rdt										
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Z	ip Code
1960 Saybrook Ro	ad						Middletown CT 0			06457	
Business Phone	Extension	Fax	Mol	bile Phone	Emergenc	y Phone	Email Address				
860-345-2403											
Contact Role(s):	Administrative C	ontact	,	'							

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0830024	RON MCCUTCHEON PARK				NC	25	L	GW
Local Address (where applicable) Service Reside		Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
LIVINGSTON RO	AD	Connections			2			

Monitoring Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 000	600)					
Total Coliform (3100) 1 routine (RT) per						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Physical Parameters (PPS)		1 routine (RT) per quart				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					
Other Comp	liance Schedules					
Compliance Schedule Activity	Due Date	Achieved D	ate			
RESPOND TO SANITARY SURVEY	2/7/2019					

Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	2/7/2019		
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	5/8/2019		
SEASONAL START UP COMPLETION	6/1/2019		

Public Notification Requirements							
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/31/2013		1/10/2014		
Physical Parameters M&R Violation	4/1/14 - 6/30/14		8/21/2015		8/31/2015		
Water System Facility and Sampling Point Inventory							

	V	vater system raciii	ity and Samping P	OIIIL II	iventoi	y			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21468	WELL	2	WELL	Α					
55812	ATMOSPHERIC TANK								

Contact Information							
Name		Organization	Job Title			е	
Mr. Daniel T. Drew		City of Middletown Mayor					
Mailing Address Line One	Mailing Add	Mailing Address Line Two		City		Zip Code	
City Hall, Municipal Building	245 Dekover	245 Dekoven Drive Midd			СТ	06457	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	dominoctio	at Dopar		I abiic i	Tourti			, ii acci	Dection	
	Wa	ter Quali	ty Monito	oring an	id Con	npl	liance S	Schedul	le	
PWS ID	PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source	
CT0830024 RON MCCUTCHEON PARK						NC	25	L	GW	
Local Address (where applicable)				Service	Residen	ntial	Commerci	ial Industri	al Combin	ed Agricultural
LIVINGSTON ROAD			Connections	5		2				
Towns Served: N	MIDDLETOWN				·			·	·	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

860-638-4800

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.

860-344-3540

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

mayor@MiddletownCT.gov

_									
Connecticut D Water (epartment of Quality Monit						ction		
PWS ID PWS Name									
CT0830034 ITALIAN AMERICAN CI	VIC ORDER. INC			NC		25	Р	GW	
Local Address (where applicable)		Service Res			ercial In	ndustrial	Combined	Agricultural	
550 ARBUTUS ROAD		Connections		1				8	
Towns Served: MIDDLETOWN									
	Monite	oring Require	ments						
Water System Facility: DISTRIBUTI									
Total Coliform (3100)		,				1 rou	tine (RT)	per quarter	
Sampling Point (Sampling Point ID)	Moi	nitoring Pe	riod	Collecti	ion Period		ance Status	
Select from Inventory of Active Sar	-		/18 - 12/3:					mplete	
·	· · ·		/19 - 3/31/					mplete	
			/19 - 6/30/						
			/19 - 9/30/						
Physical Parameters (PPS)						1 rou	tine (RT)	per quarter	
Sampling Point (Sampling Point ID)	Moi	nitoring Pe	riod	Collecti	ion Period		ance Status	
Select from Inventory of Active Sar	npling Points	10/1	/18 - 12/3	1/18			Co	mplete	
		1/1	./19 - 3/31/	/19			Co	mplete	
		4/1	/19 - 6/30/	/19					
		7/1	/19 - 9/30/	/19					
Water System Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)						1	routine (R	T) per year	
Sampling Point (Sampling Point ID)	Moi	nitoring Pe	riod	Collecti	Collection Period Complia			
ENTRY POINT (3)		1/1,	/18 - 12/31	/18		Complete			
		1/1,	/19 - 12/31	/19					
		1/1,	/20 - 12/31	/20					
	Other C	ompliance Sc	hedules	;					
Compliance Schedule Activity		-	Due D			Achieved	Date		
RESPOND TO SANITARY SURVEY			11/16/2	2018					
Wat	er System Facili	ity and Samp	ling Poir	nt In	ventor	rv			
Water	•				Total	Lead and			
System Water System Facility	Sampling Point	Sampling Point			Coliform	Copper		Stage	
Facility ID	ID	Description	St	tatus	Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS	STEM	Α	Υ				
	DOWNSTREAM	WITHIN 5 SERVICE	E CON	Α					
	UPSTREAM	WITHIN 5 SERVICE	CON	Α					
00700 ENTRY POINT	3	ENTRY POINT		Α					
21469 WELL	2	WELL		Α					
	Con	tact Informat	tion						
Name		rganization					Job Title		
Mr. Louis Aresco	Ita	alian American Civi	c Order		Pre	sident			
Marilia a Aalalaa aa Liaa Oo a	0.4-11: 01-1	- Union Trans			6:		Chaha	7: CI-	

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State

СТ

City

Middletown

Emergency Phone Email Address

Zip Code

06457

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

550 Arbutus Street

Business Phone

860-369-3931

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty momenting and compliance seneatie									
PWS ID PWS Name			Classification	Population	Owner Type	Primary Source				
СТ0830034	T0830034 ITALIAN AMERICAN CIVIC ORDER, INC					Р	GW			
Local Address (v	Service	Resider	ntial Commerc	al Industri	al Combine	ed Agricultural				
550 ARBUTUS R	Connections		1							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name		Classification	tion Population Owner Type Pri		Primary Sou	urce		
СТ0830044	MIDDLETOWN DOT REST AREA (I-91 NOR	TH)		NC		25	S	GW	
Local Address (v	Residen	tial Comme	Commercial Indust		al Combine	ed Agricult	ural		
I - 91 NORTH		1							

Towns Served: MIDDLETOWN			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 21470)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/9/18 - 10/15/18		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>						
PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
CT0830044	MIDDLETOWN DOT REST AREA (I-91 NORTH)	NC	25	S	GW		
Local Address (where applicable)	Service	Resider	tial Commerc	ial Industri	al Combine	ed Agricultural
I - 91 NORTH		Connections		1			

Compliance Schedule Activity

Other Compliance Schedules Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2024

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage	
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
21470	WELL	2	WELL	Α						
57902	PRESSURE TANK									
57904	TRANSFER PUMPS									
ST001	ATMOSHERIC STORAGE									

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: DISTRIBU	JTION SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2020

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. James P. Rede	ker			Department	of Transportation		Commissioner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
2800 Berlin Turnpik	æ					Newingt	on	СТ	06111
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-594-3000					860-594-3000				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PMS ID PMS Name CT0839054 MINER HILLS FAMILY GOLF LLC Local Address (where applicable) Service Connections Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/19 (Complete Complete Sampling Point S		Connecticut De	nartmen	nt of Public H	ealth D	rinl	zino I	Nater	Section	
PMUS PMUS Name			•							
MINER HILLS FAMILY GOLF LIC Service Connections Service Conn	PW/S ID		uality Mi	officoring and						rimary Source
Service Connections Service Residential Commercial Industrial Combined Agricultural Connections Composition			OLF LLC		Cio		1011 1 0	-		
Towns Served: MIDDLETOWN Monitoring Requirements				Service	Residential		mercial			_
Monitoring Requirements Monitoring Requirements Monitoring Requirements									1	0
Total Coliform (3100) Total Coliform (3100) Select from Inventory of Active Sampling Points Figure 1/1/19 - 3/31/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Figure 1/1/19 - 3/31/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Figure 1/1/19 - 3/31/19 Physical Point (Sampling Point ID) Select from Inventory of Active Sampling Points Figure 1/1/19 - 3/31/19 Figure 1/1/19 - 3/31/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Figure 1/1/19 - 3/31/19 Fig	Towns Ser	rved: MIDDLETOWN		<u> </u>						
Sampling Point (Sampling Point 1D)			Me	onitoring Requ	irements	S				
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 10/1/18 - 12/31/19 10/1/19 - 3/31/19 10/1/19 - 3/31/19 10/1/19 - 3/31/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Peri	Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (\	WSF ID: 00600)						
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 10/1/18 - 12/31/19 10/1/19 - 3/31/19 10/1/19 - 3/31/19 10/1/19 - 3/31/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Peri	Total Co	liform (3100)						1	routine (RT)	per quarter
1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 T/1/19 - 9/30/19		• •			Monitoring I	Period	Coll			•
A/1/19 - 6/30/19 Toutine (RT) per quarter	Selec	ct from Inventory of Active Sam	pling Points	:	10/1/18 - 12,	/31/18	3		Co	mplete
Physical Parameters (PPS) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Point Sampling Point (Sampling Point (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point ID) Selection Period Selec					1/1/19 - 3/3	31/19			Co	mplete
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Name Organization Job Title Mr. Michael Streckfus Miner Hil Family Golf LLC Manager				Contact Inform	nation					
Mr. Michael Streckfus Miner Hil Family Golf LLC Manager	Name								Job Title	
		ael Streckfus			Golf LLC			Manager	322	
			Mailing A	-					State	Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Middletown

minerhillsgolf@att.net

Emergency Phone Email Address

860-563-5320

CT

06457

80 Miner Hills Drive

Business Phone

860-635-0051

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-563-4593

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	Water Quarry 1.10111	coring an	a don	up.	ilalice t	ciicaai	<u> </u>	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0839054 MINER HILLS FAMILY GOLF LLC					NC	29	L	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections					1	

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule